University of Alberta

Community members' interest in being involved with mentally handicapped residents of group homes

by

Joanna Tomkowicz

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

Department of Educational Psychology

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled COMMUNITY MEMBERS' INTEREST IN BEING INVOLVED WITH MENTALLY HANDICAPPED RESIDENTS OF GROUP HOMES submitted by Joanna Tomkowicz in partial fulfillment of the requirements for the degree of Master of Education.

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Abstract

The purpose of this study was to explore the phenomenon of community residents' willingness to be involved with mentally handicapped people living in a group home in their neighborhood. One-hundred-eighty adult community members were asked to fill out a self-administered survey questionnaire on the issue of concern. One-hundred-thirty seven community members agreed to participate in the study and returned the completed surveys. Descriptive statistics and two-way Chi-square tests of independence for measuring association between variables of the study were employed to analyze the data. The findings of this study indicate that the majority of respondents are undecided about becoming involved with people from group homes. Out of ten proposed types of involvement, only "helping out in an emergency" and "occasional talking to handicapped individuals while seeing them around" were found to elicit more positive than negative responses; still most people declared themselves as being undecided. Although the minority of respondents expressed their interest in other types of involvement, it was found that at least one person in each neighborhood would be willing to help. Respondents' experience of previous, personal contact with mentally handicapped people in general was found to be related to their interest in getting more involved with handicapped residents of group homes. Respondents' eco-demographic characteristics appeared to be unrelated to involvement with mentally handicapped individuals.

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Chapter I

Introduction

During the last twenty five years, there has been a revolution in caring for people with mental handicaps. Both the philosophy and social policy of deinstitutionalization have contributed to the new idea of the least restrictive environment and new trends in service delivery for mentally handicapped people. They are no longer placed in large institutions; these once devalued and segregated individuals are moving back into their own communities throughout the United States and Canada. Ordinary housing is increasingly used to accommodate small groups of children and adults with mental handicaps when families are no longer available to provide care. These community-based residential facilities have been and are being established to help mentally retarded people become integrated into the larger community. Most of them attempt to maximize residents' personal development and participation in the society. The good will, acceptance, and support of the general public can be crucial to the success of the community integration of handicapped persons. The neighborhood's positive attitude, willingness to help, and to be involved with those "less fortunate than themselves" may be essential for the normalization of handicapped people lives by providing them with the environment that is as close as possible to normal and by allowing them to have a chance others have in their lives.

Recognition of the importance of the social life of individuals with mental disabilities has become a significant step in the process of normalization. Services focused on fostering and improving social relations of mentally handicapped people have become as important as services that emphasize health, safety, and skill development.

Social network and involvement in community life have become recognized as important components of normalized conditions of living for handicapped individuals. The community's informal support and involvement are important factors for reducing stress in mentally handicapped people's everyday life. As well, historically, handicapped individuals have felt rejected and been labeled as "incompetent;" this has made them subjects to influence and control by other people (Newton, Horner, Ard, LeBaron, & Sappington, 1984; The Prevention of Institutionalization Subcommittee, 1983).

Studies investigating the problem of neighbors' attitude to and involvement with the residents of the group homes have produced varied results. Several large scale studies have found that communities are generally favorable to the establishment of group homes for mentally handicapped persons in their neighborhood, and that community residents express an interest in becoming more involved with people from group homes. Nevertheless, there are also well known studies reporting contrary results, such as, false preconceptions about individuals with mental handicaps, avoidance of personal contact with handicapped persons, and much less favorable attitudes toward having a group home next door than elsewhere in the neighborhood (e.g., Green, Mactavish, Schleien, & Benepe, 1995; Kastner, Repucci, & Pezzoli, 1979; Sigelman, 1976). Moreover, most research concerning social relationships of persons with mental handicaps has resulted in the conclusion that among the main problems faced by participants in community-based residential programs are those of finding friends and enjoyable social activities, and dealing with loneliness (Edgerton, 1988; Schalock, & Lilley, 1986; Scheerenberger & Felsenthal, 1977; Sullivan, Vitello, & Foster, 1988).

Because of the contradictory findings and controversial nature of the issue, as well as the relatively limited research that has been conducted so far, several problems regarding the community involvement with people with mental handicaps require further exploration and explanation. What is the level of awareness of the mentally handicapped people living in the neighborhood? How many people in the community are interested in developing closer relationships with their handicapped neighbors ? What are the characteristics of people who are interested and concerned to help the residents of a group home? This study attempts to answer these questions.

Purpose of the study

The main purpose of the study is to explore to what extent community residents are interested in being involved with mentally handicapped adults living in a group home in their neighborhood. In this study, the researcher will also attempt to answer the following questions: Are community residents aware of the existence of a group home in their neighborhood? What are the characteristics of people who are willing to have contact and get involved with the group home residents?

Importance of the study

Previous research strongly suggests that development of social relationships by individuals with mental handicaps is an important part of the process of improving their quality of life. Social support networks such as families, friends, neighbors, and peer groups offering friendship or assistance in everyday problem solving have been found as an important basis for reciprocal relationships, in which people with mental disabilities

receive and, in turn, offer their friendship and help. Community residents' involvement is of special significance in creating and improving the social network of mentally handicapped persons. Their interest in some form of involvement or helping out the handicapped may be crucial for initiating personal interactions, which consequently may develop into long-lasting social relationships between nonhandicapped individuals and those with developmental disabilities.

In the researcher's belief, the study is important in terms of:

1. Contributing to a better understanding of the issue of community involvement and potential social contacts between handicapped and non-handicapped people;
2. Extending current theory and knowledge in the areas of social attitudes, mental retardation, and human relations, as well as, helping to define the directions for future research;
3. Providing information on community members interest in being involved with group home residents to group home administrators and staff, who work on furnishing and improving social relationships of mentally handicapped persons; and
4. Drawing the prospective profile of those who would express an interest in getting involved and helping handicapped individuals; this may be of use in identifying who best to target when trying to recruit helpers.

Research assumptions

There are several assumptions on which this study is based:

1. It is assumed that the neighborhoods of group homes for mentally handicapped people operated by Catholic Social Services are similar to other neighborhoods in the

city of Edmonton. This assumption is made on the basis of assessing the diversity of locations of surveyed neighborhoods, residents' mother tongue, ratio of apartment renters to home owners, and average family income (Statistics Canada, 1992, 1994).

2. It is assumed that data received as a result of the survey of selected community residents are accurate and reliable and that the participants are representative of all community residents living in the immediate neighborhood of selected group homes.

Delimitations

This study is delimited to community residents living in the city of Edmonton, Alberta, in the immediate neighborhood of 12 group homes for mentally retarded individuals operated by Catholic Social Services. Data for the study were obtained during the months of March and April, 1997. Generalization to other times and places must be considered as tentative and subject to confirmation.

Limitations

The study is limited by following:

1. Because of the exploratory design of the study and the use of a survey questionnaire for collecting data, the results can only be interpreted in terms of non-causal relationships. Although generalization of the results can be made to the area the study was done, caution should be exercised when generalizing to other geographical areas.
2. As studies show (Seltzer, 1985), there is the tendency for people when interviewed to give the responses that they believe are desired by a researcher. In this study, the

views expressed by the respondents may not accurately represent their true feelings and thinking.

3. The relationship between expressed attitudes and actual behavior tends to be weak. Therefore, even if attitudes could be accurately assessed, it would be difficult to use them reliably to predict the behavior of community residents (Seltzer, 1985).

Organization of the thesis

The introduction of the nature and purpose of the thesis in Chapter I is followed by a review of the related literature in Chapter II. This chapter is organized thematically to address the different aspects of the research problem. It includes: the historical background of the community integration process; an analysis of international and national surveys regarding people's attitudes toward individuals with mental handicaps, and changes in public attitudes over time; an examination of correlates of community acceptance and rejection of the group homes and their residents; and a presentation of studies investigating the issue of community members involvement with their mentally handicapped neighbors.

Chapter III describes the procedures used for the study. These include: the selection of the problem and data sources, the development of the instrument used to obtain data, and the procedures involved in obtaining and analyzing the data. Chapter IV presents research results, and Chapter V provides a discussion, conclusion and recommendations.

Chapter II

Literature review

This chapter reviews the literature relevant to an understanding of the issue of community involvement in the process of community integration of people with mental handicaps. It discusses the issue of the deinstitutionalization movement and its consequences in the area of public attitudes toward mentally handicapped people, with the focus on community members' interest in being involved with and helping out individuals with mental disabilities.

In the literature people with mental handicaps have been labeled variously as mentally retarded, mentally handicapped, or developmentally disabled. In this study the author uses these terms interchangeably, while referring to individuals with significantly less than average general intellectual functioning existing concurrently with certain impairments in adaptive behavior.

Deinstitutionalization

The term deinstitutionalization, in its broad meaning, has been used in regard to recent efforts to reverse the trend of providing treatment or care for some dependent groups of individuals in environments that are physically separated from natural communities. As such, it includes both establishing community-based services that allow people who require supports to obtain them in the community, and returning people already living in institutions to more typical, community-based residences. People with mental handicaps are one of a variety of target populations for whom the process of deinstitutionalization has been largely realized. Because traditional services for

handicapped people generally have been provided away from mainstream society, these individuals have had different social experiences and environments from those of the majority of the population. One of the goals of the deinstutionalization movement has been to eliminate and reduce physical and psychological isolation that has been part of living far from the society. In addition, the widely acknowledged concept of deinstitutionalization goes beyond the issue of physical setting of living. It also refers to new concepts of care within institutions, such as institutional reform and enhancement of institutional facilities for those individuals who continue to utilize them (Bachrach, 1985).

As pointed out by Willer and Intagliata (1984), deinstitutionalization of mentally retarded people is a broad concept including issues of the placement out of public institutions of individuals capable of living in a less restrictive environment, reducing institutional admissions, and development of residential alternatives to institutions that are integrated within the mainstream of community life. This broader concept of deinstitutionalization shows that the deinstitutionalization movement is more than a physical event and an exchange of treatment setting for client care. It is also a sociological event that has changed the whole service delivery system by realizing the principle of normalization, which suggests that mentally retarded individuals have a right to live in an environment that is as close as possible to normal and that encourages normal behavior (Bachrach, 1985; Willer & Intagliata, 1984).

The beginning of the deinstitutionalization movement in the western world can be traced to the early part of the 20th century. Several studies conducted at that time demonstrated that mildly retarded people were capable of living self-fulfilling and

productive lives in their communities despite their handicaps. Duggan's findings publicized in 1916 showed the positive outcomes for mentally handicapped individuals who had attended classes in the public school system and who had never been institutionalized. The research results presented by Fernald in 1919 showed that people who had been released from an institution or who left one without permission had adjusted well to community living - most of them were self-sufficient, and only a few were involved in criminal activities. Another study of releases from institutions (Hoakley, 1922; cited in Willer & Intagliata, 1984) demonstrated that less than 20 percent of former patients were readmitted to the institution within two years.

At that time, these and other surprising findings began to raise the concern that segregation of mentally handicapped citizens, especially those who were mildly retarded, was not necessarily in the best interest of the individuals or the society. Although during the 1920s the number of discharges from public institutions increased, the number of new admissions of more severely handicapped people also increased. Despite earlier optimistic findings about readjustment of mentally handicapped persons to the community, the period from 1930s to the late 1960s was marked by an increased rate of placements into institutions. By the late 1960s the number of individuals in institutions across America had reached its highest point ever (Scheerenberger, 1981; Willer & Intagliata, 1984). Some authors argue that the development of institutionalization was triggered by rapidly growing industrialization and urbanization (Sobsey & McDonald, 1988; Wolfensberger, 1976). Along with the economic shift from rural agricultural to urban industrial, typical home life also changed. As adult family members went to work in factories and children entered the public education system, people with handicaps

moved out of their homes in a parallel trend. Many of them moved into huge institutions (closely resembling factories) that served them till the late 1960s.

However, in the subsequent years until the present, the number of mentally handicapped patients in institutions has declined. Both the economic and social climate of the1960s contributed to the deinstitutionalization movement. Growing, the post-industrial, service-centered, and information-based economy provided an opportunity to accommodate individual differences and needs of people with mental handicaps. The parents of mentally handicapped individuals started creating their own organizations and advocating for community-based services for handicapped people. Special classes in regular schools were created for mentally handicapped children, and sheltered workshops for mentally retarded adults became everyday phenomena in towns and cities across America (Scheerenberger, 1981; Sobsey & McDonald, 1988; Willer & Intagliata, 1984).

Mentally retarded people became visible as the population and society started to make changes in the way of viewing individuals with mental handicaps, cerebral palsy, autism, epilepsy, and other developmental disabilities. After all these years when those people were often seen as an embarrassment and as hindrances to our progress, and most were sent away to live in an institution, society began to correct its perception and to perceive such people as valuable, individual human beings, who - except for extreme medical and educational problems - should never have left their neighborhoods in the first place (Perske, 1981).

However, besides undeniable benefits of deinstitutionalization, placement of mentally handicapped people out of institutions and reduction of institutional admissions have also had their unintended consequences. Not all, dismissed from public institutions,

people received the benefits of alternative residential care with the full array of professional, therapeutic, educational, and medical services. For many mentally handicapped people deinstitutionalization has meant lack of continuity of care. Although most of the services for individuals with mental handicaps are available in the community, very often there is no sufficient coordination between them, and many deinstitutionalized and never institutionalized people fail to make use of what is available. Deinstitutionalization process have also resulted in increased difficulties to provide appropriate services to such groups as more severely handicapped children and adults living in the community, mentally handicapped people who are members of minority groups, handicapped individuals living in poverty areas, and elderly mentally retarded people. These groups are much less likely to receive community support while living with their families or independently, than mildly or moderately handicapped individuals placed in group homes (Willer & Intagliata, 1984; Wolfensberger, 1976).

There have been a number of important benefits that have resulted from deinstitutionalization efforts. Overall, the quality of life for many mentally handicapped people has improved significantly. At the same time however, it needs to be noticed that not all of them have received the intended services, and some of them would benefit more from institutional care than that offered by their families or community service providers (Willer & Intagliata, 1984).

Retarded person and legal system

The legal system of the 19th and early 20th century tended, in general, to be restrictive and exclusionary towards mentally handicapped people. Although it provided a mixture of generally applicable regulations regarding competency, guardianship, public

welfare, and other special laws regarding mentally deficient individuals, it was designated primarily for the protection of general community interest and, only secondarily, for the protection of retarded people. The existing laws were full of inconsistencies (e.g., establishing legal rights to public education for all children, but elsewhere excluding "feebleminded") and violation of fundamental constitutional rights (e.g., law restricting marriage by retarded individuals, laws admitting institutional segregation and involuntary sterilization of handicapped people, etc.). The 1960s, however, brought radical changes in that matter. The issue concerning protection and advancement of mentally handicapped people's rights had been developed within the general civil rights movement. The Declaration of General and Special Rights of the Mentally Handicapped was the most notable result of the efforts of advocates and representatives of handicapped people. It was adopted by the International League of Societies for the Mentally Handicapped in 1968, endorsed by organizations and government institutions in many countries, and finally adopted, in somewhat modified form, by the General Assembly of the United Nations in 1972 (Brantlinger, 1995; President's Committee on Mental Retardation, 1976).

The leading issue of this and other such declarations of rights was that a mentally handicapped person had all the fundamental rights of any other person of his or her age and nationality. The specific rights to which a handicapped person was entitled generally centered on the following: the right to due process and equal protection by the law; the right to live in the least restrictive environment and most constructive circumstances the person's conditions would allow; the right to guardianship or other form of protective advocacy; the right to education and training appropriate to developmental status; the

right to freedom from discriminatory restriction solely on the basis of mental retardation; the right to freedom from cruel and dehumanizing treatment; and the right to marry and to procreate. As a natural consequence of the emergence of the new concept of a retarded person as a citizen with full rights, the decade of 1970s brought numerous individual and class action law suits claiming a variety of specific rights of handicapped people. Many of these suits yielded a number of landmark decisions which had and still are having a profound effect on the revision of Federal and State laws, on administrative regulations, and on subsequent actions of the courts themselves. These and other actions brought in behalf of mentally handicapped people and other marginized groups created a legal, social, and moral basis for implementing the principle of normalization and building the least restrictive living environment for those who are not fully capable of taking care of themselves (President's Committee on Mental Retardation, 1976).

Least restrictive environment

The idea of the least restrictive environment has become central to the philosophy and social policy of deinstitutionalization. As explained by Sandler and Robinson (1981), it basically refers to the environment in which it is ensured that services and treatment provided in community-based setting are humane, relevant, and responsive to the various needs of handicapped people. Appropriate health-care; educational and vocational training; access to community activities; supervision; and assistance in everyday living should be among services provided to mentally handicapped individuals in an environment that maximizes their opportunity to live and learn under reasonably normative life conditions. Wolfensberger (1988) also argues that the least restrictive conditions of living must include not only physical integration into the community, but

also the opportunity to develop, positive in nature, loving and friendship relationships with other handicapped and non-handicapped people.

The commonly expressed rationale for efforts to create the least restrictive environment and to integrate mentally handicapped persons into both school and the community setting was that integration could result in the dissolution of negative stereotypes and improved attitudes through increased level of contact between retarded and non-retarded individuals (Sandler & Robinson, 1981).

Community-based group homes providing 7-day-a-week, 24-hour-a-day room, board, and supervision have quickly become the most popular and the fastest growing alternatives to institutions; and the best examples of the least restrictive environment. Studies show that the majority of group homes are operated by non-profit agencies or are under private management. They are likely to be situated in residential neighborhoods, in keeping with their general philosophy of integration with the community. Most of them are small, serving fewer than ten people. Most of the individuals living in these facilities come from institutions. They are diverse in age, level of retardation, special problems, and services they need and receive. Overall, residents have been found to be relatively high functioning, with 35% of them being labeled as mildly retarded and 48% as moderately retarded. The proportions of males and females are about equal among facilities. Residents are likely to have a great deal of autonomy to plan their recreation, invite dinner guests to the house, go out to the community independently and the like. They are also expected to assume the responsibilities for housekeeping, meal preparation, participation in daily programs, working outside a residence, attending educational programs, etc. The purpose of these community-based residential facilities is to provide

housing and care in home-like settings for mentally handicapped persons who, for a variety of reasons, do not live with their family, friends or independently (Baker, Seltzer & Seltzer, 1977; Seltzer,1985; Willer & Intagalia, 1984).

Social attitudes toward mentally handicapped persons

The growing number of group homes in rural and urban residential areas has had its consequences. Specific concerns have arisen that people have regarding the nontraditional "family" of mentally handicapped persons living in their neighborhood. Well known studies show that there is a relationship between public attitudes and success of community integration of mentally handicapped persons. Very often the success of adjustment of the mentally handicapped to the community depends heavily on the extent to which other people are tolerant, helpful, and adaptive to the differences of their mentally handicapped neighbors (Baker, Seltzer, & Seltzer, 1977; Luckey & Newman, 1975).

Given the importance of knowing people's attitudes toward mentally retarded individuals, numerous studies trying to describe and explain the factors underlying the issue of concern have been conducted. Unfortunately, there is no clear agreement in this matter between researchers. At one extreme, the results of surveys like Gallup Organization poll conducted for the President's Committee on Mental Retardation (1976) indicate that the majority of people (85%) would not object to having a group home for the mentally retarded in their neighborhood. Similarly, a study conducted by University of Dayton (1981) surveyed neighborhoods with and without group homes and showed generally positive attitudes toward mentally handicapped individuals, with no significant

differences between community residents living in areas with and without a group home. It has been found that over 90% of respondents admit that people with mental retardation should have the same civil and human rights as others. Over 75% of respondents expressed the opinion that mentally handicapped people should have the right to live in a community setting, and that a group home was a better place to live for them than any kind of institution. In addition, over 60% of respondents thought that having a group home for mentally handicapped individuals in a neighborhood could help non-handicapped citizens to better understand and appreciate people with disabilities. Positive attitudes toward handicapped people were also reported by Roth and Smith (1983), who found that over 80% of surveyed people perceived mentally handicapped individuals as more the same than different from other people, and were in favor of using money from taxes to support them financially.

At the other extreme, Sigelman (1976), in his study on attitudes toward individuals with mental retardation, found that slightly less than half of surveyed people favored placing a group home in residential areas. Studies conducted by Gale, Ng, and Rosenblood (1988) showed that although more people were in favor of than against a group home in their neighborhood, fewer would welcome it next door. Similarly, Kastner, Reppucci, and Pezzoli (1979) reported a significant difference in attitudes toward having a group home in the neighborhood between two groups of which one was led to believe that a group home might be open on their block, and the second was told that the question was purely hypothetical. Attitudes toward having a group of mentally retarded neighbors were found to be much more positive when people were not actually expecting them to move into the neighborhood. Seltzer and Seltzer (1987), in their

studies done on community responses to the community residences for mentally handicapped people, reported that over half of the investigated group homes actually encountered the neighborhood opposition. Consistently, Gottlieb (1975) in his review of literature on the effect of increased contact between handicapped and non-handicapped individuals, concluded that the majority of evidence suggested that proximity was associated with increased rejection of mentally handicapped people. These findings seem to suggest that the possibility of real and close contact with mentally handicapped individuals tends to draw much less favorability than a "non-threat," hypothetical situation of having them as neighbors. And the public attitudes toward mentally handicapped people seem to be positive as long as mental retardation remains an abstract phenomenon not followed by the actual interaction with the handicapped.

The negative findings, however, may not necessarily conflict with the earlier cited positive ones. Some studies indicate that both community support and opposition are usually present in neighborhood attitudes toward group homes and their residents. According to Lubin, Schwartz, Zigman, and Janicki (1982) and Seltzer (1984), the presence of community opposition does not indicate that neighbors' support is absent. Instead, some members of a community may support a group home for mentally handicapped people and carry positive attitude toward its residents, whereas others may oppose it and cause serious problems. Furthermore, it is possible that a high degree of support or opposition may be associated with the period of time the study was conducted, group home entry strategy, maintaining high or low profile of a group home and its residents, modifying group home policies, attempting to get involved in community life in general through meetings with neighbors, holding Open House, seeking support of

community leaders, etc. The relationship between community support and community opposition toward mentally handicapped people living in group homes is always complex and may require additional attention in future research.

Attitudinal ambivalence theory attempts to provide at least partial explanation and answer to the question why studies investigating the same issue yielded such different results. As suggested by Katz, Hass, and Bailey (1988), people with disabilities (both physical and mental), racial minorities, people with chronic diseases, addicts, and other marginalized groups, tend to be perceived by others as both deviant, in the sense of possessing certain negative attributes of mind or body, and as disadvantaged - either by the attribute itself, or by social and economic discrimination. Consequently, this dual perception of handicapped individuals is likely to create in the non-disabled individuals contradictory feelings of aversion or even hostility on the one hand, and of sympathy and compassion on the other. Moreover, it was found that public, verbalized attitudes toward handicapped people tend to be favorable on the average, while deeper, unverbalized feelings were frequently rejecting (Kleck, Ono, & Hastorf, 1966).

According to Katz et.al.(1988), this kind of ambivalent feeling creates a tendency towards behavioral instability in which extremely positive or negative responses may occur toward handicapped individuals, depending upon how the specific situation is structured. An experiment conducted by Gergen and Jones (1963) showed that non-disabled people displayed amplified positive or negative reactions to mental patients when the handicapped people's behavior had either favorable or unfavorable consequences for the subjects. In that experiment subjects were asked to predict the behavior of either a normal or mentally ill person. They were either successful or

unsuccessful in this prediction task, and these variations in success had high or relatively low affective consequences for the subject. Then, participants of the study were asked about their impression of a stimulus person. The results of this study showed that evaluative judgment of a mentally ill person varied little as a function of predictability , but depended heavily on the affective consequences attached to the subjects' success or failure of prediction. In comparison, judgments of stimulus people presented to the study participants as "normal" were only a function of their predictability, regardless of the consequences of predictive failure or success. This experiment can be a good illustration of how one component of ambivalent attitude may be suppressed and the other may be enhanced, depending on the particular situation. It was also concluded that attitudes towards disabled persons are usually ambivalent rather than simply positive, negative, or neutral.

Correlates of social attitudes toward mentally handicapped persons living in group homes

The specific correlates of both the community support of and opposition to mentally handicapped people living in group homes were reported by several authors. Among them, previous, considerable contact with mentally handicapped individuals was most frequently reported as producing more favorable attitudes and less concerns about retarded people living in the neighborhood (e.g., Hagen, Powell, & Adams, 1983; McConkey, 1990; Seltzer & Seltzer, 1987; Willms, 1981). Knowledge about mental retardation itself as a factor influencing social attitudes was found by such authors as Hagen, Powell, and Adams (1983), McConkey (1990), Seltzer and Seltzer (1987), and Willms (1981). They reported that people who were more aware of the physical and social nature of mental handicaps had more positive feelings and thoughts about mentally

handicapped individuals, than those with relatively low knowledge of mental retardation. However, Begab (1969) and Sandler and Robinson (1981) argued that knowledge alone had little effect upon attitudes. They found that, only when connected with direct contact with mentally retarded people, knowledge about mental handicaps could bring a positive change in attitudes. Moreover, exposure to information about mental retardation was not found to improve peoples attitude toward people with disabilities. Additionally, increased public education before a group home was open was found to be positively correlated with increased opposition (Sandler & Robinson, 1981; Seltzer, 1984; Seltzer & Seltzer, 1987).

There are also contradictory findings regarding eco-demographic characteristics of community members as indicators of opposition to or support of group homes for mentally handicapped individuals. Some studies report that demographic variables such as age, sex, number of children, education, religion, socio-economic status, and permanence of residence in the investigated neighborhood are not associated with people's attitude to and concerns about group homes for developmentally disabled people (Gale, Ng, & Rosenblood, 1988; Willms, 1978). Other researchers, however, found that factors like permanent residence in the neighborhood with higher ratio of homeowners, lower family income, and older age were associated with more negative attitudes to the group homes and their residents (McConkey, 1990; Seltzer, 1984; The Association for the Developmentally Disabled, 1982).

Clients' and group home characteristics were also investigated as possible factors influencing people's attitudes. Again, there is little agreement among researchers. Seltzer and Seltzer (1984, 1987) found that clients' gender, age, and level of retardation

were unrelated to either community support or opposition. On the other hand, The Association for the Developmentally Disabled (1982) reported that facilities serving male clients or more severely handicapped people produced more negative feelings of neighborhood residents than group homes with female or both sex clients, or group homes for mildly retarded individuals.

Although many attempts have been made to explain factors underlying people's reactions to mentally handicapped residents of group homes, so far no unified data is available. Marked differences between research results indicate the need for future exploration of this issue.

Changes in social attitudes over time

As a natural consequence of the normalization process, people's attitudes toward individuals with mental disabilities are expected to shift into a positive direction over time. This natural change is expected to be a result of such factors as increasing societal awareness of mental retardation, extending the use of community-based services and community amenities by mentally handicapped individuals, growing employability, and increasing community involvement of handicapped people. Most of the studies that have been done so far seem to confirm the cited above anticipation.

Rees, Spreen, and Harnadek (1991) report a significant positive change in peoples' attitudes toward mentally handicapped individuals, over period of thirteen years. They argue that the increased media attention, community integration, mainstreaming, and an active policy of deinstitutionalization over the years are factors improving people's knowledge about and contact with people who have mental handicaps. These,

consequently, have been found to cause a general positive shift in attitudes toward mentally handicapped persons over a long period of time.

Some research findings, concerning the specific issue of public attitudes towards group homes and their residents, indicate that there has been a decrease of opposition and an increase of support of group homes in the period of time from the introduction of a group home into a neighborhood to a few years after the group home was established (Seltzer & Seltzer, 1987). Neighbors were found as primary sources of both support and opposition, ahead of other specific community sources as religion groups, community associations, local politicians, and the community-at-large. The following specific factors have been found as contributing to the positive shift in attitudes: informal contact and meetings with neighbors, holding "open houses" at the residence, contact of group home staff and administrators with civic groups and local government officials. In comparison to the initial perception of public attitudes as rather negative or neutral, after a couple of years most residences for mentally handicapped persons reported some community support and tended to describe their neighbors as "friendly." Specific sources of support included help from neighbors with residence upkeep, invitation to community activities, and positive telephone calls to local officials (Lubin, Schwartz, Zigman, & Janicki, 1982; Seltzer & Seltzer, 1987). In addition, Bell and Schoenrock (1981) reported a growing number of contacts of mentally handicapped persons with the non-handicapped in forms of having more non-handicapped friends, receiving visits from friends and neighbors, and visiting friends and neighbors.

Community members' willingness to be involved with mentally handicapped people

In this part of the literature review the researcher presents previous findings on community members' willingness to be involved with and offer support to mentally handicapped residents of group homes located in their neighborhoods. The difference between those who express interest in getting involved and helping out and those who actually are in contact with disabled persons is also discussed.

Who is interested in being involved ?

A growing involvement in community life of people who have mental handicaps has been noticed over the years. The greatest positive change has occurred in the area of using community services. Unfortunately, it has not been followed by the development of social relationships and informal social support for handicapped individuals. Findings from studies investigating and measuring social involvement and support suggest that many individuals with mental disabilities still rely mostly on paid caregivers, relatives, and other persons with disabilities as sources of support and company. Are community members interested in being involved with and helping out handicapped people? A few researchers have tried to answer this question. The results of their studies appear to be consistent with the earlier described findings regarding public attitudes toward mentally handicapped individuals.

McConkey (1987, 1990) presents some interesting results of his research on ordinary citizens' interests in developing closer relationships with their mentally handicapped neighbors. It was found that people who had no group home in their neighborhood or who were unaware of its existence expressed themselves significantly more willing to have contact with the group home residents than did those who already

knew of the group home. People in this study who were most likely to have personal contacts with the mentally retarded were identified as those who had past experience in work or had had previous contact with people with mental handicaps, those living in the neighborhood for a considerable period of time, people being under 40 years of age, females rather than males, and married individuals rather than single ones. However, a significant discrepancy was found between people's declarations and their actual behavior. Only about one-half of those people who knew of the group home and expressed willingness to have contact with their mentally handicapped neighbors had real contact with at least one group home resident. Overall, 15% of the interviewed people had been inside the group home, and 16% had invited a resident from the home into their house (compared to 35% and 49%, respectively, of those who declared willingness to have this type of contact). Also, 11% of surveyed community members reported meeting and talking to the group home residents in pubs, shops, or on the bus (compared to 71% of those who expressed willingness to have occasional chats with mentally handicapped individuals). In addition, only 28% of those people knew at least one of the residents by name and even fewer had been in contact with a resident or a member of staff during the past month (whereas 46% described themselves as having frequent contact with other neighbors) . The characteristics of the people who had personal contact with the group home residents were found to be similar to those of the people expressing willingness to be involved with the group home.

According to McConkey (1987, 1990), there might be several factors that provide at least a partial explanation for group home isolation from the local community. First, a group home might not have been long enough in a particular neighborhood, thus, it was

supported more by people from outside the immediate vicinity than local residents. Second, the staff working in the group home might live elsewhere and the group home residents might not come from that area which, consequently, could affect strength of connections with the neighborhood. Moreover, some group homes could be reluctant to have a high profile in case they might evoke neighborhood opposition. Although these factors were not closely investigated by the author of the presented studies, they were thought to influence not only community members interest in being involved with people from group homes, but also their opportunity to meet handicapped people in the area they lived. Consequently, the existing discrepancies between the number of people expressing their willingness to be in contact with mentally handicapped neighbors and those who actually reported having this kind of relationship might be a result of one or a combination of the presented above possible explanations.

Another study concerning people's interest in helping handicapped individuals was done by McConkey, McCormack, and Naughton (1983). A survey of 15- and 16-year-old high school students revealed again that factors like previous contact with mentally handicapped persons and gender were associated with the participants' attitudes toward persons with developmental disabilities. Female students with previous contact with mentally handicapped people were much more willing to help in voluntary work, visits and outings with disabled individuals, than females with no prior contact. But there was no such effect with male students. Overall, females were more interested in being involved and helping handicapped people. It was also noticed that male students and those who had no previous contact with disabled individuals preferred to avoid direct contact with mentally handicapped people. Those students expressed more interest in

helping handicapped people indirectly through activities such as: giving money on Flag Days, raising money for them, and supporting demands for better services, than doing things that required personal contact with a mentally retarded person.

The avoidance of interpersonal contact with handicapped people by the non-handicapped has also been noted by other researchers. The perception and expectations non-disabled people have about potential relationships with mentally handicapped individuals may provide, at least partially, an explanation as to why they are so reluctant to engage in social relations with handicapped people. The belief that individuals with mental disabilities are physically, emotionally, behaviorally, and socially "too different" has been most often cited by the non-handicapped as reasons for not being interested in involvement with them, or perceiving potential relationships as difficult to develop and maintain. In addition, non-disabled community members tend to feel uneasy about social pressure that might be associated with their potential relationship with handicapped people. They also were concerned that their own networks of non-disabled peers or family might not accept or perceive in negative way this kind of relationships (Green, Mactavish, Schleien, & Benepe, 1995).

Who is really involved with handicapped individuals?

The importance of social support for the successful adjustment of mentally handicapped individuals living in the community has been highlighted in a number of studies (Moreau, Novak, & Sigelman, 1980; O'Connor, 1983; Willer & Intagliata, 1984). The social network has been found to be an important factor for improving the quality of life of handicapped individuals who often become overdependent on services of professionals (McAfee, 1988; The G. Allan Roeher Institute, 1990).

The results of studies investigating the social relationship patterns of mentally handicapped people seem to be in line with previously cited findings about people's interest in being involved with individuals with developmental disabilities. As indicated by many authors, closer physical proximity to the community does not necessarily lead to a more normalized pattern of social relationships of persons with mental handicaps. In comparison with non-handicapped people, social networks of adults with developmental disabilities are smaller, contain proportionally fewer friends, less reciprocity, and a large proportion of service providers. Non-staff friends of mentally handicapped people are almost exclusively other individuals with mental handicaps, and participation in community activities with peers without disabilities are rare. In fact, only 7% of the community activities of participants with disabilities were done with friends without handicaps or with family members (Rosen & Burchard, 1990). Staff and other mentally handicapped persons, especially those living in the same home, have also been found as a primary source of social network and support by Krauss and Erickson (1988) and Romer and Heller (1984). They also reported that mentally handicapped people's relationships with other mentally handicapped individuals were the ones that lasted a relatively long time and were maintained across situations (the home and the workshop). These peer relations in the community setting were considered an important source of informal support.

These findings were partly supported by research done by Newton, Olson, and Horner (1995). They showed that the majority of the community members who were in stable relationships with mentally handicapped individuals were currently or formerly employed as professionals in the field of developmental disabilities, and were currently

or formerly employed as front-line staff or administrators of the programs that provided services to their friend with a mental handicap. In this case, it appeared that professional relationships provided a context for the development of friendly and stable personal relationships.

Some studies show, that although mentally handicapped people living in community-based settings were found to be in greater social contact than those in long-stay hospitals, the majority of those contacts had been with their relatives. Physical location in the community was found to be an important factor in a more extensive participation in an ordinary life, especially in terms of using public facilities in the same way as the non-handicapped community members, but social relationships of people with mental disabilities remained limited (Flynn, 1987; Kock, Saxby, Thomas, & Felce, 1988). Similarly, Crapps, and Stoneman (1989) found no statistical relationship between participation in the community environment and the number and frequency of contact with non-handicapped individuals. Even those mentally handicapped persons who could leave their group home most often and participate in a range of activities did not develop any stable relationships with non-handicapped people.

Similarly, the results of longitudinal studies on mentally handicapped individuals' social contacts conducted by Lowe and De Paiva (1991) show that, although the increased use of community facilities by mentally handicapped people was observed after their move from hospitals to community settings, still a very few of them were said to develop new social relationships and to be in contact with friends during the 5-year study period. Enhanced contacts with relatives were noticed, but little increase was observed in contacts with other community members.

According to Jahoda, Cattermole, and Markova (1990), there still exists segregation of mentally handicapped and non-handicapped people. More participation in community-based activities does not create more contact with non-handicapped community members. In fact, persons without mental handicaps and neighbors have been found as the last source of companionship and assistance, falling far behind mentally handicapped peers; staff members and families (Kennedy, Horner, & Newton, 1990). In addition, numerous studies report that even when social contacts between mentally handicapped persons and individuals other than a best friend, staff member or family member occur, they are infrequent and usually do not last for a long time (Hayden, Lakin, Hill, Bruininks, & Ager, 1987; Kennedy, Horner, & Newton, 1989; McConkey, Naughton, & Nugent, 1983; Schalock & Lilley,1986).

Summary

As a result of the deinstitutionalization movement, the quality of life of handicapped people has significantly improved over time in terms of receiving appropriate residential and program services, and growing participation in community activities. However, they still often experience major deficiencies in the area of social life and social integration into the community. They rarely interact with people outside their residences or outside a network of other persons with mental handicaps (Moreau, Novak, & Sigelman, 1980). In addition, lack of informal community support and lack of contact with non-handicapped people have been found as factors not only adversely affecting the quality of handicapped people's life, but also as factors increasing the

likelihood of placement in more restricted residential and day program options, than are needed to meet mentally handicapped individuals needs (Savage, Novak, & Heal, 1980).

What factors limit the range of informal social support and social relationships between mentally handicapped and non-handicapped community members? A few general obstacles have been found as limiting a handicapped person's full societal inclusion. These are the following: social attitudes, difficulty that people with mental handicaps have in developing and maintaining interpersonal relationships, and restrictive living, working, or training environments (Jahoda, Cattermole, & Markova, 1990; Reiter & Levi, 1980; Sullivan, Vitello, & Foster, 1988; The Prevention of Institutionalization Subcommittee, 1983).

Improvement of the last two factors depends almost entirely on the efforts of professionals working in the field of developmental disabilities. Teaching handicapped people social skills necessary for creating and sustaining social relationships, creating an opportunity for them to experience a wide range of social activities, and normalizing their living, working and training environments are the necessary steps for breaking the barriers between handicapped and non-handicapped people. With regard to improving social attitudes and increasing community members' interest in developing social relationships with handicapped persons, it is important to remember that the integration of people with mental handicaps into the community is a two way process. Professional efforts of integration may be lost if the ordinary citizens and community members are not prepared to accept people with mental handicaps. The solution to this problem may lie in the dual approach of attempting to educate the general public about the physical, psychological and social nature of developmental disabilities, while at the same time

fostering the integration of people with mental handicaps to the community. As a few authors conclude, maybe appropriate forms of public education will make people more aware how it feels to be set apart from non-handicapped others and to live on the margin of society because someone has a mental handicap (Jahoda, Cattermole, & Markova, 1990; The Prevention of Institutionalization Subcommittee, 1983).

Overall, research that has been done on people's attitudes toward and involvement with mentally handicapped residents of group homes has not produced uniform results. Although studies done so far have contributed to the better understanding of the issue of concern, still little is known about causal relationships between public attitudes and the related factors. Also, very often, as was mentioned before, the attitudes, positive or negative, do not produce subsequent relative behavior. An expressed interest in developing social relationships with or to help out people who have mental handicaps is not always followed by the subsequent behavior of those who have made such a declaration. The factor of social desirability in the responses of the interviewed individuals, as well as, the weak relationship between expressed attitudes and actual behavior are and will always be serious limitations of studies on attitudes.

Chapter III

Method

The primary purpose of this study was to conduct an empirical survey identifying the status of community residents' interest in being involved with mentally handicapped people living in group homes in residential areas of the city of Edmonton. The objectives of the study were the following: (a) identifying what type of involvement with mentally handicapped individuals respondents expressed interest, and (b) analyzing the relationship between certain population or demographic characteristics and these data.

Subjects of the study and sampling procedure

Prior to any contact with the subjects of the study, approval was obtained from the ethics committee at the University of Alberta, Faculty of Education, Educational Psychology. Because the researcher was surveying community residents living in the vicinity of group homes operated by Catholic Social Services in Edmonton, written permission to use the location of the agency group homes as the basis for selecting participants of the study was obtained from the agency President. The researcher explained the purpose and the design of the study, and assurance was given that the location of the group homes, as well as, any information about their residents and staff would remain confidential. It was also explained that the study would not require providing any of this information to the respondents, nor visiting the group homes by the researcher. (See Appendix A for a copy of the letter.)

The subjects of the study were adult community residents living in the immediate neighborhood of 12 group homes for mentally handicapped people operated by one of the major social service agencies in Edmonton. The area of the same block as a group home was considered to be the immediate neighborhood. The sampling frame included all households within one block of each group home (houses and apartment buildings on both sides of a group home and on the other side of the street). A random sample of fifteen households was selected from each neighborhood on the basis of a table of random numbers. Each household had an equal chance to be selected. Selection was done without replacement. Vacant houses and apartments were excluded from the process of random sampling. One adult from each selected household was asked to answer the survey questions. In cases when it was not possible to contact an adult household member the first time, two more attempts were made before another household was selected.

Overall, 180 neighborhood residents were contacted, of whom 137 agreed to participate in the study (response rate of 76%). Fifty nine percent of the respondents were females, 41 % were males. Of all respondents, 37.2% were of ages from 18 to 35, 35.8% were of ages from 36 to 49, 18.2% were of ages from 50 to 65, and 8.0% were of ages 66 and over. Of all respondents, 65.7% declared themselves as being married, 29.9% were single, and 4.4% of the respondents did not provide information on their marital status. Fifty five and five-tenths percent of the study participants were employed full time, 13.1% were employed part time, 13.9% described themselves as being employed at home, 5.1% were students, 10.9% of study subjects were retired, and 1.5% of the respondents did not provide information on their employment status. Of all respondents,

71.5% were living in their own house and 27 % were renting an apartment or a house (1.5% of respondents - no information was given). The participants represented 58.3 % of all households located in the immediate neighborhood of selected group homes.

Instrumentation

A self-administered survey questionnaire to measure the extent of one's willingness to be involved with mentally handicapped people living in a group home was developed on the basis of previously used instruments (Gale, Ng, & Rosenblood, 1988; McConkey, 1987, 1990; McConkey, McCormack, & Naughton, 1983). It consisted of 19 closed questions that could be answered by selecting the proper response from a set provided by the researcher. The necessary written introduction and explanations were provided in the beginning of the questionnaire. The questions covered the following topics:

1. Knowledge of a group home in the neighborhood (1 question)
2. Meeting handicapped people in the neighborhood (1 question)
3. Extent of previous contact with mentally handicapped people (1 question)
4. Previous or current involvement in any form of voluntary work (1 question)
5. Interest to help out or become involved with the residents of a group home (10 questions)
6. Eco-demographic information on respondents' age, gender, marital status, employment status, and house ownership (5 questions)

At the end of the questionnaire the additional, open question: "Are there any comments you would like to make about the topics I have touched in this survey?" was provided.

The purpose of this question was to give a respondent the opportunity to express his or her opinion or make additional comments on the issues covered by the survey. Information obtained from the answers provided to this question was later used in the discussion section of this study. (See Appendix B for a copy of the survey.)

To determine whether the questionnaire was suitable for the population of interest, the pilot study was conducted in one, randomly selected neighborhood. The response rate was 100%. The pilot study resulted in the extension of the number of options provided in Question 18 inquiring about respondents employment status. The three option response set to the question: "Are you employed: 'full time'; 'part time'; or 'not employed'?" was changed into the five option response set, namely: 'full time'; part time'; 'employed at home'; 'student'; and 'retired'. The pilot study was included in the main study and reanalyzed in conjunction with other data.

Data collection

The data was collected by dropping off (and later picking up) a survey questionnaire at each selected household. During the first contact the researcher asked for cooperation, explained the purpose of the study to a designated respondent, and answered his or her questions. Agreement to fill out the survey was considered to be a consent for participation in the study. Subjects were informed that they were not obligated to participate in the study and were free to withdraw at any time during the study. The survey was left with a respondent and picked up the next day or at a respondent's convenience. Some respondents chose to fill out the questionnaire and to return it to the researcher on the same day. In the case no one from a selected household was reached at

the first visit, the researcher returned to that household two more times before the other household was selected. The selected participants who did not agree to answer the survey or who did not returned their surveys after two reminders were treated as non-response rate. All data were collected between March 19, 1997 and April 24, 1997.

Data analysis

Because the resulting data were categorical, arbitrary numerical codes were assigned to all individual observations in order to permit computer processing. SPSS (Statistical Package for the Social Sciences) program was used to summarize and analyze the obtained data. As a first step, frequency distributions and relative frequency distributions expressed as percents of the observations were constructed. On the basis of the obtained results the following questions were investigated:

1. How many community residents were interested in being involved or helping out mentally handicapped people living in group homes located in their neighborhood?
2. In what type of involvement with mentally handicapped people do community residents tend to be interested most?

In addition, a two-way Chi-square test was used to analyze the relationship between variables of the study. To determine what are the characteristics of community residents who are interested and concerned to help their handicapped neighbors, four hypotheses stated below in the null form were tested:

1. Willingness to be involved with mentally handicapped individuals and one's awareness of a group home in their neighborhood are independent.

2. Willingness to be involved with mentally handicapped individuals and the extent of one's previous contact with mentally handicapped people in general are independent.
3. Willingness to be involved with mentally handicapped people and one's previous or current experience of any form of volunteer work are independent.
4. Willingness to be involved with mentally handicapped people and one's eco-demographic characteristics are independent.

The independent variables of the study are:

Awareness of a group home in the neighborhood. To determine how visible group homes were to local neighborhood residents, respondents were asked if they knew whether a group home for mentally handicapped persons was located in the neighborhood. (See Appendix B, survey question 1).

Previous contact with mentally handicapped people. To determine what kind of previous contact with mentally handicapped individuals respondents have had in general, they were asked to indicate one of the following suggested forms of previous contact with handicapped people: "no contact at all; just see them around; occasional meetings and chats; close, regular contact". (See Appendix B, survey question 3).

Previous or current involvement in volunteer work. To determine if respondents tend to get involved in volunteer work in general, the respondents were asked if they had ever been or currently were involved in any form of volunteer work, not necessarily with mentally handicapped people. (See Appendix B, survey question 4).

Eco-demographic data. To determine characteristics of the participants, and whether demographic variables are associated with the willingness to be involved and to help mentally handicapped persons, the questions about the following demographic

characteristics were included in the survey: gender, age, marital status, employment status, and ownership of home. (See Appendix B, survey questions from 15 to 19).

The dependent variable of the study is:

Type of involvement with mentally handicapped people community residents are interested in. To determine how many respondents were interested in being involved or helping out, the respondents were asked to rate the following ten suggested ways of helping people with mental handicaps: occasional talking to them while seeing them around; helping out in an emergency; occasional helping out in everyday problems; going along to an Open Day or coffee evening; regular helping out in everyday problems; inviting a handicapped person to your home once in a while; allowing a handicapped person to join you in something you already do; going once a week to the group home for a visit; taking a handicapped person on an outing once in a while; becoming a friend of a handicapped person. A three-point rating scale "very interested; maybe I would do that; prefer not" was provided. (See Appendix B, survey questions from 5 to 14).

Summary

This study was design to produce information on the phenomenon of community members' interest in becoming more involved with mentally handicapped people living in group homes. A random sample of 137 adult community residents from twelve areas of the city answered the survey questionnaire yielding the response rate of 76%. The collected data were analyzed by using descriptive statistics and two-way Chi-square tests of independence. The results of the study are presented in Chapter IV.

Chapter IV

Research Findings

Descriptive statistics and two-way Chi-square tests of independence for measuring association between variables of the study were employed to analyze the data. The general format for reporting research findings was as follows:

1. Presentation of total responses.
2. Analysis of relationship between variables of the study.

Presentation of total responses

Awareness of a group home in the neighborhood

Of the 137 subjects asked if they knew of any group home for mentally handicapped people in their neighborhood, 81 (59.1%) answered the question positively. Fifty six (40.9%) respondents were not aware of having a group home in their immediate neighborhood.

Meeting mentally handicapped people in the neighborhood

Of the 137 respondents, 59 (43.1%) reported that they met or talked to mentally handicapped people in their neighborhood. Seventy eight (56.9%) of respondents stated that they had never met any handicapped people in the area they live. Analysis of the above variables by using the two-way Chi-square test indicates that there is the relationship between meeting mentally handicapped people in the area respondents live and respondents' awareness of a group home in their neighborhood. More people who have met or talked to handicapped individuals their neighborhood than those who have

not, were aware of having a group home located in the area they live (See Table 1). The Chi-square test of independence was 31.996 which, for one degree of freedom, had a p-value of 0.001 [Chi-square (1, n=137) = 31.996, $p<0.001$].

Table 1

Meeting Mentally Handicapped People in the Neighborhood by Awareness of a Group Home in the Neighborhood.

Awareness of a group home in the neighborhood	Meeting and talking to handicapped people in the neighborhood		
	No	Yes	Row total
No	48 61.5%	8 13.56%	56 40.9%
Yes	30 38.46%	51 86.44%	81 59.1%
Column total	78 56.9%	59 43.1%	137 100%

Respondents' contact with mentally handicapped people in general

Of the 137 respondents asked what type of contact with mentally handicapped people they have had in general, 6 (4.4%) reported having "no contact at all", 53 (38.7%) respondents reported seeing handicapped individuals around, 53 (38.7%) reported having personal contacts with mentally handicapped people in the form of occasional meetings and chats, and 25 (18.2%) of respondents stated that they were in close, regular contact with the mentally handicapped (See Table 2).

Table 2

Types of Respondents' Contact with Mentally Handicapped People in General.

Types of contact with mentally handicapped people	Frequency	Percentage
No contact at all	6	4.4
Just see them around	53	38.7
Occasional meetings and chats	53	38.7
Close, regular contact	25	18.2

Willingness to be involved and to help out mentally handicapped residents of group homes.

Respondents were asked about their interest in being involved with and helping out mentally handicapped residents of group homes located in their neighborhood. Ten possible ways in which community members might help handicapped people were listed. Respondents were asked to select one of three possible responses ("very interested", "maybe I would do that", and "prefer not") to each question. Table 3 shows the percentage of people selecting a particular option for each type of involvement with people from group homes.

Table 3

Percentage of People Interested in Being Involved with Mentally Handicapped Residents of Group Homes.

Type of involvement or help	Very interested	Maybe I would do that	Prefer not
Helping out in an emergency	33.6	49.6	16.1
Occasional talking to them while seeing them around	24.1	59.9	15.3
Becoming a friend of a handicapped person	10.9	53.3	32.8
Allowing a handicapped person to join you in something you already do	10.2	54.0	35.8
Going along to an Open Day or coffee evening	9.5	46.0	44.5
Occasional helping out in everyday problems	8.0	35.8	56.2
Inviting a handicapped person to your home once in a while	7.3	45.3	46.7
Taking a handicapped person on an outing once in a while	6.6	46.0	46.7
Going once a week to a group home for a visit	3.6	43.8	52.6
Regular helping out in everyday problems	2.2	24.8	73.0

As Table 3 shows, the majority of people asked to express their interest in being involved with, or helping out handicapped individuals, declared themselves as being undecided by choosing the middle option "maybe I would do that", or not being interested in a proposed way of involvement by choosing the option "prefer not." Only in

regards to two types of possible involvement, the number of respondents declaring themselves as being "very interested" was greater than the number of those who would "prefer not" to get involved. Thirty three and six-tenths percent stated that they would be "very interested" in helping out in an emergency (comparing to16.1% who would "prefer not"), and 24.1% of respondents expressed their interest in occasional chatting with mentally handicapped residents of group homes while seeing them around (15.3% - "prefer not"). Still most respondents declared themselves as being undecided about getting involved in those forms of contact with the mentally handicapped: 49.6% and 59.9% of respondents, respectively. In regard to other types of involvement or help, 10.9% of respondents declared themselves as being "very interested" in "becoming a friend of a handicapped person." Ten and two-tenths percent of them expressed their interest in "allowing a handicapped person to join them in something they already do." Nine and five-tenths percent of respondents were interested in "going along to an Open Day or coffee evening". Eight percent of respondents stated that they were interested in occasional helping out mentally handicapped residents of group homes in their everyday problems. Seven and three-tenths percent of surveyed community residents declared their interest in "inviting a handicapped person to their home once in a while", and 6.6% of them would take a handicapped person on an outing. Only 3.6% of respondents were interested in "going once a week to a group home for a visit." And finally, only 2.2% of respondents expressed their interest in regular helping out mentally handicapped residents of group homes in their everyday problems. In addition "regular helping out in everyday problems" occurred to be a form of involvement that elicited the most negative responses. Seventy three percent of respondents declared that they would prefer not to do

that, and the relatively small percentage of respondents (24.8%) was undecided about this form of helping handicapped individuals.

The data on respondents' interest in being involved with mentally handicapped residents of group homes was also summarized to discover how many respondents were interested in more than one type of involvement. Table 4 presents the percentage of respondents who chose the "very interested" option to none, one, two, or more proposed ways of helping handicapped individuals.

Table 4

Percentage of Respondents Interested in More Than One Form of Involvement with Mentally Handicapped Residents of Group Homes.

Number of forms of involvement	Frequency	Percentage	Cumulative percentage
Not interested in any form of involvement	83	60.6	
Interested in one form of involvement	16	11.7	11.7
Interested in two forms of involvement	17	12.4	24.1
Interested in three forms of involvement	5	3.6	27.7
Interested in four forms of involvement	4	2.9	30.6
Interested in five forms of involvement	5	3.6	34.2
Interested in six forms of involvement	2	1.5	35.7
Interested in seven forms of involvement	2	1.5	37.2
Interested in eight forms of involvement	1	0.7	37.9
Interested in nine forms of involvement	1	0.7	38.6
Interested in ten forms of involvement	1	0.7	39.3

As Table 4 shows, the majority of respondents did not express their interest in any of the proposed forms of helping handicapped individuals living in their neighborhood. Out of 137 respondents, 83 (60.6%) chose the "undecided" or "prefer not" response option to all ten types of involvement with mentally handicapped persons. Sixteen (11.7%) people declared themselves as being interested in doing one thing in order to help handicapped neighbors. Among them, 14 respondents selected "helping out in emergency" as the only thing they were interested in doing for group home residents, one person chose "occasional talking to handicapped individuals while seeing them around," and one person stated that he would be interested in "becoming a friend of a handicapped person." Out of 137 respondents, 17 (12.4%) expressed their interest in two forms of helping handicapped people. Again, among them, 11 people declared that those two things would be: helping out in emergency and occasional talking to mentally handicapped individuals while seeing them around. Only 21 respondents (15.2%) stated that they would be interested in doing three or more things in order to help mentally handicapped residents of group homes. These findings seem to be consistent with the earlier analyzed frequencies of "very interested" responses to all, listed in the questionnaire, types of possible involvement with handicapped individuals.

Finally, the data were summarized in order to find out how many people in each neighborhood were interested in doing for mentally handicapped people more than merely helping them out in emergency and occasional talking to them. The results are presented in Table 5.

Table 5

Number of Respondents Interested in at Least One Form of Involvement with Mentally Handicapped Individuals in Each Neighborhood. Involvement in Forms of "Helping out in Emergency" and "Occasional Talking to Handicapped Person" Were Excluded from this Analysis.

Neighborhood code	Number of respondents interested in at least one form of involvement with people from group homes
01	1 person
02	3 people
03	1 person
04	1 person
05	1 person
06	2 people
07	1 person
08	3 people
09	3 people
10	2 people
11	3 people
12	2 people

As Table 5 shows, there is at least one neighbor in each analyzed neighborhood who is willing to go beyond helping mentally handicapped residents of group homes in an

emergency and having occasional talks with them. At least one person in each neighborhood expressed his or her willingness to become involved in one or more of the earlier presented other forms of help. One such person was found in each of five neighborhoods. Two people, interested in helping their handicapped neighbors, were found in three neighborhoods. And finally, three people expressed their interest in developing some relationships with group home residents in each of four remaining neighborhoods.

Analysis of relationship between variables of the study.

An attempt was made to analyze whether there were any respondent characteristics related to interest and concern to help mentally handicapped individuals living in group homes. Chi-square tests were conducted to analyze the data the researcher believed might be related to respondent interest in being involved with handicapped people. A 0.05 level of probability was used as the criterion level for significance. The following variables were assumed to be independent: awareness of a group home in the neighborhood, previous contact with mentally handicapped individuals in general, experience of any kind of volunteer work, and demographic data: respondents' gender, age, marital status, and home ownership.

In order to avoid small observed and expected frequencies in the cells of contingency tables, larger frequencies were created from the combination of smaller frequencies in the case of two independent variables: previous contact with mentally handicapped persons in general and respondents' age. The following transformations were made:

1. In the variable of "previous contact with mentally handicapped persons in general," sufficiently large expected frequencies were created by combining response options: "no contact at all" and "just seen them around" into a new category "no experience of personal contact," and combining response options: "occasional meetings and chats" and "close, regular contact" into a new category "experience of personal contact with mentally handicapped people." The obtained new frequencies are presented in Table 6.

Table 6

Respondents' Previous Contact with Mentally Handicapped People in General.

Previous contact with mentally handicapped people in general	Frequency	Percentage
No experience of personal contact	59	43.1
Experience of personal contact	78	56.9

2. In the variable of "respondent's age," sufficiently large expected frequencies were created by combining response options: "age 50 - 65" and "age 66 and over" into a new category "age 50 and over". The obtained new frequencies are presented in Table 7.

Table 7

Respondents' Age.

Age group	Frequency	Percent
18 - 35	51	37.2
36 - 49	49	35.8
50 and over	36	26.2

Note. Missing cases: 1.

Although all proposed forms of involvement with mentally handicapped people were treated as separate dependent variables of the study, only two of them were entered into final analysis. These were the following: "Interest in helping out in emergency" and "Interest in occasional talking to mentally handicapped individuals while seeing them around." The remaining eight dependent variables were not included into statistical procedures because of the following reasons:

1. Obtained frequencies to the response option "very interested" were too small, which in consequence yielded the expected frequencies less than five in some cells of contingency tables. The Chi-square measure is considered to be unreliable when the expected number of occurrences in any cell of a contingency table is less than five (Visvalingam, 1976).
2. As a consequence of small frequencies of the "very interested" response option, the obtained sizes of the some column total frequencies and percentages in the contingency tables were too small. According to Witte (1993) the statistical reliability of a column percentage decreases as the size of the column total goes down, and the results of the analyses should either be ignored or interpreted cautiously when percentages are based on twenty or fewer cases.

As a result of the described above changes that have been made to the researcher's primary intentions of data analysis, seven independent and two dependent variables were entered into final analysis and interpretation. Two questions based on presented in Chapter III research hypotheses were discussed.

Question 1. What respondents' characteristics are related to their interest in helping out mentally handicapped people in emergency?

Examination of the relationship between respondents' interest in helping mentally handicapped residents of group homes and their experience of personal contact with handicapped individuals in general resulted in rejecting the null hypothesis. The Chi-square analysis yielded a value of 10.033 which was more than required for statistical significance at the 0.01 level of probability. About 45% of respondents with experience of previous contact with mentally handicapped people in general and about 19% of respondents with no such experience declared themselves as willing to help handicapped residents of group homes in an emergency. This suggests that 26% more respondents who have had previous experience of personal contact with mentally handicapped individuals than these who have not had this type of contact are willing to help people from group homes in a case of emergency, [Chi-square (2, n=136)= 10.033, $p< 0.01$].

The relationship between respondents' experience of any kind of volunteer work (not necessarily with the handicapped) and their interest in helping handicapped individuals in emergency has also been found. The Chi-square analysis yielded a value of 6.642, which was more than required for statistical significance at the 0.05 level of probability. About 40% of respondents with experience of previous or current volunteer work of any kind and 22% of respondents with no such experience seem to be interested in helping mentally handicapped people in an emergency. The obtained results indicate that about 18% more people with any kind of past or current volunteer work experience than these who have never done any volunteer work are willing to help out mentally

handicapped residents of group homes in an emergency [Chi-square (2, n=136) = 6.642, $p < 0.05$].

Analysis of the relationship between respondents' awareness of a group home in the neighborhood and their interest in helping mentally handicapped individuals in an emergency resulted in retaining the null hypothesis. About 40% of respondents who are aware of having a group home in their neighborhood and about 25.5% of respondents who do not know that there is a residence for mentally handicapped people nearby appear to be interested in helping handicapped people in an emergency. The fact that the obtained Chi-square test value of 3.330 was less than required for statistical significance at the 0.05 probability level suggests that people who are aware of having a group home in the neighborhood and these who are not, do not differ in their interest in being involved with the mentally handicapped in the form if helping them out in an emergency.

Examination of the relationship between respondents' demographic characteristics and their willingness to help mentally handicapped individuals in emergency cases ended in retaining the null hypotheses. The Chi-square tests yielded values which were less than required for statistical significance at the 0.05 probability level. Respondents' interest in helping handicapped people in an emergency occured to be independent of their gender, age, marital status, and home ownership.

Question 2. What respondents' characteristics are related to their interest in occasional talking to mentally handicapped individuals while seeing them around?

Analysis of the relationship between respondents' previous experience of personal contact with mentally handicapped individuals in general and their interest in occasional talking to them while seeing them around resulted in rejecting the null

hypothesis. The Chi-square test yielded a value of 11.141 which is more than required for significance at the 0.01 probability level. About 35% of respondents with experience of previous, personal contact with mentally retarded people in general and about 10% of respondents with no such experience appear to be willing to have occasional chats with group home residents while seeing them around. This indicates that about 25% more people who have had previous contact with the mentally handicapped than those who have not had this kind of contact express an interest in future, occasional meetings and chats with people from group homes [Chi-square (2, n=136) = 11.141, $p < 0.01$].

Examination of the relationship between respondents' experience of doing any kind of volunteer work and their interest in having occasional meetings and talks with mentally handicapped people showed no evidence of differences between respondents. About 28.5% of respondents with previous or current experience of volunteer work and about 15.5% of respondents with no such experience expressed their interest in this kind of future contact with people living in group homes. The Chi-square test yielded a value of 4.146 which was less than required for statistical significance at the 0.05 probability level.

Analysis of the relationship between respondents' awareness of a group home in the neighborhood and their interest in occasional talking to its residents while seeing them around resulted in rejecting the null hypothesis. The Chi-square test yielded a value of 6.369 which was more than required for statistical significance at the 0.05 probability level. About 32% of respondents who knew that a group home for mentally handicapped people was nearby and about 14% of respondents who did not know about it declared themselves as willing to have such contacts with group home residents in the future. This

suggests that about 18% more respondents who know that there is a group home in their immediate neighborhood than those who are not aware of having a group home on the same block they live are interested in having occasional talks with mentally handicapped individuals living there [Chi-square (2, n=136) = 6.369, $p < 0.05$]. Considering the earlier described positive relationship between respondents' awareness of a group home in the neighborhood and their previous meeting and talking to its residents, one possible explanation for this difference may be that people who know about a group home in the neighborhood and who have already met and talked to its residents will be more willing to repeat these occasional contacts in the future than those who do not know about a group home and who have had less chance to meet its residents before.

The examination of relationship between eco-demographic variables of respondents' gender, age, marital status and home ownership, and their willingness to have occasional chats with mentally handicapped individuals resulted in retaining the null hypotheses. The results of Chi-square tests showed no evidence that the analyzed demographic data were related to respondents' interest in being involved with mentally handicapped people.

Summary

Out of all independent variables entered into the statistical analysis, respondents' experience of previous, personal contact with mentally handicapped persons in general occurred to be related to their interest in both investigated forms of involvement with handicapped residents of group homes. Experience of doing any kind of volunteer work turned out to be related to respondents interest in helping mentally handicapped persons in cases of emergency. Awareness of having a group home in the immediate

neighborhood seems to be associated with respondents' willingness to get involved with its residents in the form of occasional chats, while seeing them around. Respondents' eco-demographic characteristics occurred to be unrelated to any form of the analyzed involvement with mentally handicapped individuals. These findings, as well as, the earlier presented survey total responses will be discussed in Chapter V.

Chapter V

Discussion and Conclusions

This study investigated the issue of community members' interest in being involved with mentally handicapped residents of group homes located in their neighborhood, with the purpose of gaining some insight into their potential involvement with handicapped individuals. The intent of the study was to address the issues of its importance presented in the introduction to this research. In the author's belief, the obtained results contribute to the extension of knowledge on the issue of concern. In addition, the author's suggestions of possible causes of differences in results of this and previously done studies, with special accent put on cultural differences of respondents, may be perceived as contribution to the extension of theory of social attitudes toward mentally handicapped people. This study also provides information that may be useful to professionals working in the field of developmental disabilities for planning the social inclusion of individuals with mental handicaps and facilitating development of social relationships between people from group homes and their neighbors. Information on the type of involvement with handicapped individuals community members are interested in most may provide group home staff and administrators with some suggestions for structuring situations of future contacts between group home residents and their neighbors. The present study, however, has failed to draw the prospective profile of those interested in helping mentally handicapped people living in group homes. Eco-demographic data appear to be unrelated to respondents willingness to get involved with handicapped individuals.

This chapter discusses the research findings and respondents' comments on the issue of concern. Implications for future research are also presented.

Findings

The problems addressed by this study are restated below and the findings associated with them are discussed:

Community members' interest in being involved with mentally handicapped residents of group homes

The results of this study seem to be incompatible with the findings obtained by other researchers. The present study indicates that the majority of surveyed community residents would "prefer not" to get involved with their handicapped neighbors or, in the best case, were reluctant to do so. Only in regard to two proposed types of involvement: "helping out in emergency" and "occasional talking to them while seeing them around," the number of respondents declaring themselves as "very interested" was greater than the number of those who would "prefer not" to be involved. Still most people declared themselves as being undecided. Other proposed forms of helping and being involved with handicapped individuals attracted between 2.2% and 10.9% of respondents. The remaining participants showed no real interest in developing relationships with mentally handicapped persons. In comparison, similar studies conducted by McConkey (1987) and by McConkey, McCormack, and Naughton (1983) show that over 70% of surveyed community residents would be interested in having occasional meetings and talks with handicapped individuals and helping them in emergency; moreover, about 40% of the neighbors expressed their interest in becoming more involved with people from group

homes in forms of visiting them, inviting them over to respondents' homes, taking a handicapped person on an outing once in a while, etc. Contrary to the present study, significantly fewer respondents (about one third) showed no interest or remained undecided about their potential involvement with handicapped individuals. In the researcher's belief, the different results of the present study may have their sources in one or a combination of the following:

1. Perception of the services for handicapped people as very specialized or well staffed, not leaving space for inclusion of community members involvement;
2. Perception of mentally handicapped persons as very different from non-handicapped in their behavior, appearance, social skills and reciprocity of relationships. False preconception about handicapped individuals may be an important factor in creating mental and physical barriers between disabled and non-disabled community members.
3. Previous, negative experience with mentally handicapped individuals or professionals working in group homes;
4. Perception of the relationships with mentally handicapped persons as requiring a great deal of commitment on the part of non-disabled participant;
5. Expectation of unequal personal relationships, requiring being more of a care provider than an equal partner to a mentally handicapped individual;
6. Other reasons including: family involvement, regular employment or volunteer work involvement, amount of perceived free time, lack of interest in community involvement, etc;

7. Different geographic area and time the studies were conducted; different sample sizes and response rates could also affect the obtained results.

Although all, listed above, possibilities could contribute to the differences in results of previously done research and the present study, the cultural differences between countries where the studies were done seem to be of the greatest significance. McConkey's studies were done in Ireland between 1979 and 1990. Participants of those studies were community members living in different parts of the country, in both rural and urban areas. The present study have been conducted in Canada and its participants are community members living in a middle size western city. In the researcher belief, greater community orientation that characterizes Europeans living in culturally more homogenous societies, can be a factor contributing to their greater interest in involvement with mentally handicapped people being part of their communities. Different style of life, less mobility, and more involvement in their communities in general seem to provide members of European societies with more opportunity to make ties with people living nearby, including mentally handicapped residents of group homes.

Although, of course, the job of caring for handicapped people is in its greatest part the responsibility of professionals, it is important to recognize that there are elements of care which professionals may not be able to undertake, or for which society will never have the means to pay them to undertake. Understanding and help from friends and neighbors, and from the community at large, are needed to help handicapped individuals maintain a social life and to give them as near a normal life as their handicaps permit. Ordinary people who are sufficiently interested and concerned to help those being "less fortunate than themselves" might become the largest group of potential helpers. The

results of this study, however, do not appear to encourage much optimism in regard to the development of social relationships between mentally handicapped people living in group homes and other community residents. Lack of interest in being involved with handicapped individuals expressed by the majority of respondents seems to indicate that, in many situations, residents of group homes cannot count on help or development of social contacts with their neighbors. The most often provided by respondents explanation as to why they would prefer not to become involved with their handicapped neighbors was lack of spare time being a consequence of family involvement, work involvement, and/or other volunteering work engagement. Some respondents indicated into their previous negative experience with group home staff and residents. Here are some of the respondents' attempts to explain or comment on their "prefer not" to be involved attitude:

> "I've answered these (survey) questions from the same perspective I apply to everyone - if someone naturally becomes a part of my friendship circle, then I welcome them. But I believe, volunteerism should reflect interest, not proximity. And being the neighbor to a group home should not obligate involvement beyond the courtesy and consideration of neighborliness. As a neighbor to a group home for mentally handicapped people, I am quite sensitive to issues of privacy and the need for mutual consideration. The point I am trying to make is that a group home shouldn't impose a "caretaking" obligation on the immediate neighbors, and that the density and responsibility for the home need to be carefully considered in the planning. For example, I never know who is managing the home next door - there seems to be a lot of turn-over, and if I need to speak to them I have to start over

each time - introducing myself, explaining the situation, and hoping the new manager shares the same perspective as the previous one. The major problem I had initially was non-stop heavy metal music, full blast, sometimes combined with other stereos, TVs, a ghetto-blaster set up beside my living room and turned on full volume facing me; and wild parties. It was a zoo. The situation is now resolved, the new residents are fine, and the recent managers have been very responsive... but every time I feel I have established a good working relationship with them, they change. And I'm never told they are leaving, or who the new contact will be. Some of the group home employees are friendly, and others are rude and difficult to deal with." (single women, age group 36-49)

"The people from the group home in this area sometimes frighten me and other people, particularly seniors and children, with their erratic behavior." (married woman, age group 50-65)

"Volunteerism has been a big part of my life for the past seven years, but I have never considered volunteering with mentally handicapped people. I feel any commitment to this type of volunteering must be long-term and sincere." (single man, age group 36-49)

"Doesn't paint a great picture of me. I guess, I feel I don't have the time, so I prefer not to get involved. There are many things I want to do and I don't have time." (single man, age group 18-35)

"I'm a busy professional with family obligation and already am involved in other types of volunteer work. Consequently I couldn't actually take on any other additional activities." (married woman, age group 50-65)

"At my age and health I can't help too much." (married woman, age group 66 and over)

"Although I am familiar with two homes in the area I live, my present life-style doesn't provide an opportunity to take an active role." (married woman, age group 50-65)

"My response 'prefer not' is not because of handicapped people, but we foster four children and I have no time. Was I not working I might volunteer for that kind of activity." (married woman, age group 50-65)

"It's not that I wouldn't want to spent some time with a handicapped person, it's that I have a family and can't seem to find enough time for them." (married man, age group 18-35)

"My answers may reflect a negative attitude toward handicapped people, but that's far from true. I have two children in two different schools, I'm a president of an association, my wife serves on a church group with regular meetings - we have a hard time finding free time for our own family. I hope this helps to clarify my answers." (married man, age group 36-49)

"Very busy days and evenings. Time would not allow this type of activity." (married man, age group 50-65)

"I work full-time, plus volunteer with victims of violence, so I am pretty busy. I don't mind any type of person - I just need more time." (married woman, age group 36-49)

"We are already involved with community sports (i.e. coaching). Plus I wouldn't like to make a long-term commitment such as friendship with a handicapped person due to my transient nature." (married man, age group 18-35)

"At this time of my life I am very busy with two small children and working full-time. I do not have any extra time to spent with these individuals and that is the reason I have answered 'prefer not' to so many questions. At another stage of my life I might be more willing to be involved with them." (married woman, age group 18-35)

The high frequencies of "undecided" response rate can be interpreted in both pessimistic and optimistic ways. On one hand, it may reflect, so common in attitude surveys, social desirability - situation when respondents answer the questions in a way they think is expected by a researcher, or in a way they perceive is socially appropriate. In this situation, people's declarations may unlikely translate into actions, and respondents answers "maybe I would do that" may not necessarily mean that they really could do something for their handicapped neighbors. On the other hand, however, the undecided answers regarding involvement with mentally handicapped residents of group homes may be seen as carrying a spark of hope. In the researcher's belief, in a group of people who declared themselves as being undecided about getting to know their handicapped neighbors better and developing social relationship with them are those who:

1. Still have not made up their minds about their possible involvement with handicapped individuals, but at least did not say "no";

2. Have not been aware of the need or possibilities of helping handicapped people and/ or have never thought about developing this kind of relationships with people from a group home.

Here are some reactions from people who chose the undecided ("maybe I would do that") response option to most of the proposed types of involvement with mentally handicapped individuals:

> "I have never experienced personal contact with the mentally handicapped and don't really know how I would feel. Maybe a person should get more involved to help the less fortunate in this world." (married woman, age group 50-65)
>
> " I like to think I would do more for handicapped people, but honestly don't know if I could do much, especially with a toddler at home." (married woman, age group 18-35)
>
> "I don't really see that many mentally handicapped people in my neighborhood. Therefore, I haven't been involved in their lives that much." (single woman, age group18-35)
>
> "Your survey made me wonder why I do not perform any volunteer work. Your survey was an interesting exercise. Thank you." (single man, age group 18-35)
>
> "The group home in our neighborhood is a definite asset. I feel the people who oppose these homes are definitely prejudiced and they are loosing a lot." (married woman, age group 36-49)

Although the minority of respondents expressed their interest in becoming more involved with mentally handicapped residents of group homes, it does not necessarily mean that handicapped individuals and group home staff cannot expect any help from

their neighbors. The attempt to analyze how many people in each neighborhood are willing to lend a hand brings some optimism. At least one person in each neighborhood declared himself or herself as being interested in doing for handicapped people more than occasional chatting and helping in an emergency. At least one person, living on the same block as a group home was, seemed to be willing to get closer to his handicapped neighbors and to spend some of his free time in their company. Unfortunately, the question of whether it is enough or too little community interest in potential involvement with handicapped individuals cannot be answered without analyzing other factors not investigated in this study. Because the present study does not control for community members' willingness to get involved with their other neighbors, no definite conclusion can be made regarding potential neglecting or avoiding mentally handicapped individuals by their communities. Comments provided by respondents who expressed their willingness to help mentally handicapped people living in group homes indicate that they have had previous experience of contact with handicapped individuals and they are aware of handicapped people's needs. Here are some thoughts of people who declared themselves as being very interested in at least five different types of involvement with their mentally handicapped neighbors:

> "If my time allowed it, I would very much like to volunteer, but I run my own business which make it tough to be available or commit to specific dates. I think group homes are the best environment for handicapped people." (married man, age group 18-35)
>
> "I believe that handicapped people need to be more recognized since they are just as human as a non-handicapped person." (single female, age group 36-49)

"The topics you touched upon in this survey should make community residents think a little about the amount of time and energy it takes to run and help in a group home, and try to make life interesting for persons with disabilities." (married woman, age group 50-65)

"If I had more time I would volunteer on regular basis. I already do a substantial amount of counseling with young offenders. I would be interested in any programs/ any group homes in my neighborhood." (single man, age group 18-35)

"There are so many people in our society who are mentally handicapped and need our help. I worked with children with special needs as well as severely handicapped children, and my heart goes out to them. I am always willing to help those who are in need, especially those who can't fend for themselves." (married woman, age group 36-49)

Although the above cited respondents' comments provide valuable insight into the possible rationale for their interest (or its absence) in being involved with developmentally disabled persons, neither a conclusion can be drawn in regard to what the causes of their attitudes are, nor generalizations can be made over other respondents of the study, as the majority of participants did not provide their comments on the issues included in the survey. There may be many other, not included in this study, variables that might have affected respondents' answers to the survey questions.

An attempt was made to analyze the pattern of the distribution of "very interested" and "prefer not" responses to all forms of proposed involvement with mentally handicapped residents of group homes, as well as, the number of forms of involvement in which respondents expressed interest. It suggests that people tend to be

more interested in the forms of contact with handicapped individuals that do not involve close, personal relations and commitment. Talking to mentally handicapped people while seeing them around and helping them out in an emergency turned out to be the two forms of involvement that attracted significantly more respondents than other forms. These two forms of contact with mentally handicapped persons seem to be associated with the least effort or time commitment of a respondent, and with not too much obligation for future contacts. Although they may reflect respondents positive attitude and readiness to help in need, the non-commitment nature of these contacts still leaves handicapped individuals outside of the non-handicapped people social network. The frequency distributions of "very interested" and "prefer not" responses to the remaining forms of possible involvement seem to support the researcher's interpretation. Befriending a handicapped person, visiting residents of a group home or inviting them over to a respondent's house, helping them in every day problems, taking a handicapped individual on an outing, or even allowing a handicapped person to join a respondent in something he or she already does, turned out to elicit much less of people's interest and much more negative responses. These relationships, unlike neutral acquaintance relationship, once initiated, may be perceived as combination of friendship and service provider relationship with strong commitment accent. Involvement of respondents' free time and personal effort, feeling of obligation for the future, necessity to initiate or difficulty to withdraw from that kind of relationship may be the factors holding people back from getting involved with mentally handicapped neighbors.

The results of this study are supported by Green, Mactavish, Shleien, and Benepe (1995) findings on non-disabled adults' perception of their relationships with mentally

handicapped individuals. The arranged partnership between non-disabled and disabled people turned out to be short-lasting, and often perceived to be, by comparison to naturally developed and existing relationship, friendship-like relationship based partly on enjoyment and satisfaction, and partly on obligation and altruism. In addition, most of these arranged relationship lasted only as long as the obligation existed. The participants indicated that the main reason for not continuing relationships with handicapped individuals after the study was over were physical, emotional, behavioral and social differences between them and their handicapped partners, changing initially assumed friendship development into service providing action.

It was also found that, when asked to choose one preferred way of potential helping handicapped persons, personal contact was the least favored by respondents option. Being a part of a helping group or helping mentally people "indirectly," with minimal possibility of having to meet and talk to a handicapped person, attracted over 80% of surveyed community members (McConkey, 1987). It might be one of the reasons why community residents tend to have almost four times as many various types of contact with their non-handicapped neighbors than with handicapped residents of a group home located in the same block they live (McConkey, 1990).

Factors related to community members' interest in becoming involved with mentally handicapped residents of group homes

The two-way Chi-square test of independence was used in attempt to discover the characteristics of those most willing to help. The following independent variables: awareness of a group home in the neighborhood; experience of previous, personal contact with mentally handicapped persons in general; experience of any kind of volunteer work;

respondents' gender, age, marital status and home ownership status; and two dependent variables: interest in helping out in emergency, and interest in occasional talking to mentally handicapped residents of group homes while seeing them around were entered into the final analysis.

Previous contact with mentally handicapped persons in general. The results of the statistical analysis suggest that people who are most willing to help are those who already had experience of personal contact with mentally handicapped individuals. This finding is consistent with the results of similar studies done by McConkey (1987; 1990) and McConkey, McCormack, and Naughton (1983). Sandler and Robinson (1981) indicated that personal contacts together with knowledge on mental retardation were the most important factors related to positive attitudes toward the mentally handicapped. Similarly, Kastner, Reppucci, and Pezzoli (1979) and Willms (1978, 1981) found that the experience of personal contact with handicapped individuals was related to neighbors positive attitude toward mentally handicapped residents of group homes and toward community integration of mentally handicapped people in general. In addition, previous, professional contact with mentally handicapped people was found to be related not only to positive attitudes and willingness to help, but also to long-lasting commitment to once developed relationships with a disabled person (Newton, Olson, & Horner,1995). These and many others, not cited here, studies indicate clearly that mentally handicapped individuals are their own best ambassadors in leading non-disabled people into abandoning their negative preconception about people with disabilities.

The results of this study show that most of surveyed community residents have had experience of personal contacts with mentally handicapped people. Fifty-seven

percent of the study participants indicated having experience of previous contact with people with developmental disabilities in forms of either occasional meetings and chats, or close, regular relationship. About 38.7% of respondents admitted seeing handicapped people around, and only 4.4% have never met a developmentally disabled person. In comparison, similar studies done by McConkey (1987) and McConkey, McCormack, and Naughton (1983) in Ireland show that almost 45% of surveyed community members never met handicapped individuals, 30% - saw them, but did not have any personal contact, and only 25% of respondents admitted having experience of personal (occasional or regular) contact with mentally handicapped people. Similar results were also obtained from national polls of Great Britain and Australia (McConkey, 1987). In the researcher's belief the reasons for these differences may be one of a combination of the following:

1. Social and educational policy on deinstitutionalization and mainstreaming the mentally handicapped promoting the idea of the least restrictive environment.
2. The number of mentally handicapped people living in the community, using community amenities, and being employed in sheltered, supported, or competitive work environment.
3. Geographical area and period of time the survey was conducted.

There is, however, an interesting inconsistency in the results obtained from this and other studies regarding the association between respondents' previous contact with mentally handicapped people and their willingness to help them in the future. Although, on average, more respondents of this study reported having personal contacts with mentally handicapped individuals, than participants of the earlier cited studies, also on average, they expressed less interest in getting involved with people from a group home.

In the researcher's belief the quality and quantity of contact with mentally handicapped persons might be the factors contributing to people's interest in future involvement with handicapped individuals. However, because the present study does not provide specific data on this issue, and because the data from other studies are limited, no reliable conclusion about what might have caused these differences can be drawn.

Awareness of having a group home for mentally handicapped persons in the neighborhood. There is no consistency across the studies that have been done regarding the relationship between people's knowledge of a group home in the neighborhood and their attitude towards its residents. The findings of the present study suggest that respondents who know that there is a group home in their immediate neighborhood are more willing to meet and have occasional talks with its residents, than those who are not aware of having a group of handicapped neighbors. These results are supported by research done by Gale, Ng, and Rosenblood (1988) reporting that exposure to a group home was in general associated with respondents' more positive attitudes and more favorability towards group homes and its residents. Other research, however, indicates that community residents' awareness of having a group home in the neighborhood is associated with a less favorable attitude towards its residents, less interest in helping them, and increased expectations of potential problems with handicapped neighbors (Kastner, Reppucci, & Pezzoli, 1979; McConkey, 1990). A number of variables for which the previous and present study did not control might have contributed to the obtained differences. In the researcher's belief, once again, the quality of previous contact with group home residents or staff may be one of the factors explaining the existing discrepancies. Other factors like geographic area, specific neighborhood

characteristics, period of time the studies were conducted, etc. might have also brought some insight into the issue of concern.

Interestingly, the data on community members awareness of having a group home for mentally handicapped people in their immediate neighborhood are not consistent with previously done research. The results obtained in this study suggest that only 59% of respondents living on the same block as a group home is, are actually aware of having this kind of facility in their neighborhood, while 41% of respondents do not know that a home is nearby. Similar results, supporting the concept of low visibility of a group home in the neighborhood, were obtained by Gale, Ng, and Rosenblood (1988). According to their findings, 48% of surveyed community members did not know or were not sure about having a group home in the neighborhood, whereas 52% of respondents knew about it. Other studies, however, present different outcomes suggesting much higher profile of a group home for developmentally disabled individuals in the neighborhood. As many as 90% of respondents stated that they were aware of having a group home in the area they live (McConkey, 1987; University of Dayton, 1981).

A number of reasons might account for a group home visibility and neighbors awareness of its location. First, the number of years a group home has been operating in this area and a period of time people were living nearby could be a factor contributing to their awareness of having mentally handicapped neighbors. Second, the group home may be located close to or far from a footpath leading from the housing estate to the shops, bus-stop, or other public facilities. Its location, specific characteristics, or accessibility to by-passers could be an important factor for community knowledge about it. Third, group home residents' ability to use shops, public transportation, or attend church without

supervision may affect significantly their visibility in the community and their contact with people living around. The results of this study show that community residents who have met and talked to mentally handicapped persons in their neighborhood are more likely to be aware of having a group home nearby. The clients' profile might be a factor contributing to high or low visibility, and in consequence, to public awareness of a group home in the neighborhood. Any of these reasons, but more likely a combination of some of them could explain the incompatible results obtained different from studies. Because the present study does not control for the presented above factors, no conclusion can be made with regards to which ones are particularly crucial for group homes visibility in the neighborhood.

Previous or current experience of any kind of volunteer work. When asked about volunteer work, two-thirds of all study participants reported that they had done it either in the past or were currently engaged in it. It was expected that people with experience in volunteer work would be more willing to get involved with mentally handicapped individuals. Although experience of previous or current volunteer work turned out to be related to peoples' willingness to help mentally handicapped individuals in an emergency, no association with the other investigated form of potential involvement was found. Studies done by McConkey (1987, 1990) provide partial support to these findings. The author found that only respondents' previous volunteer work involving experience of mental handicaps was correlated with their interest in developing relationships with mentally handicapped people in the future. Respondents who had done or were currently involved in volunteer work, but who did not have contact with handicapped people, were not different from those who never volunteered in any field. Both groups were not

particularly interested in becoming involved with people from group homes. Once again, it appears that it is prior contact with mentally handicapped persons which wins the public over.

Eco-demographic characteristics. Numerous studies have been done so far in an attempt to draw a profile of a "good neighbor" - a person with positive attitude and interest in helping individuals with developmental disabilities living nearby. A variety of factors were analyzed to find predictors of people's actual and potential involvement with mentally handicapped individuals. The results of this study show that none of respondents' demographic characteristics are related to their interest in being involved with people from group homes. Gender, age, marital status, and home ownership status seem not to affect their willingness to help. This findings are supported by studies done by Gale, Ng, and Rosenblood (1988) and Willms (1978, 1981) reporting no correlation between respondents' characteristics and their attitude towards mentally handicapped residents of group homes located in their neighborhood. Other research, however, presents positive findings to that issue. Seltzer (1984) and Seltzer and Seltzer (1987) argue that there are less community support and more negative attitudes in neighborhoods that consisted primarily of homeowners. Similar results, pointing to the relationship between living in more stable neighborhood with higher ratio of homeowners and respondents' more negative attitude, were obtained by The Association for the Developmentally Disabled (1982). In addition, McConkey (1987, 1990) claims that the following respondents' characteristics are related to their willingness to help out: female, under 40 years of age, and being married with children under 16 years. However, considering the inconsistencies in the past research, it seems to be difficult to establish a

reliable set of demographic characteristics that could serve as predictors for community members attitudes and interest in developing relationships with mentally handicapped residents of group homes.

Summary

This study found that the majority of surveyed community members expressed lack of interest or remained undecided about becoming more involved in the lives of their handicapped neighbors. Out of ten proposed forms of involvement with people from a group home, only helping out in an emergency and occasional talking to mentally handicapped residents of group homes while seeing them around turned out to be the types of involvement that overall elicited more positive than negative responses. Experience of previous, personal contact with mentally handicapped individuals in general occurred to be the best predictor of future, potential involvement with people from a group home. Respondents' awareness of a group home in the neighborhood and their experience of previous or current volunteer work of any kind appear to be partly related to their willingness to help. Eco-demographic data turned out to be unrelated to any of investigated type of potential involvement with residents of group homes.

One cannot, however, treat the results of this study as generalizable to all situations and environments as it is neither experimental study, nor it has a strong comparison group. The obtained results do not imply that community residents from other areas would express similar views. There are many different types of neighborhood, and one cannot presume that the distinctive pattern for neighborhoods surrounding the selected group homes in the city of Edmonton will be generalizable to neighborhoods of different type and different geographic area. Also, not investigated in this study, group

home characteristics like: size, clientele, and staff may affect particular neighborhoods attitudes and, in consequence, produce different results.

Recommendations and implications for future research

This section provides recommendations to professionals working in the field of developmental disabilities, rehabilitation counselors, educators, and to people interested in future research related to the social inclusion of individuals with mental handicaps.

Recommendations

Because interactive contact with mentally handicapped people appears to have a vital influence on non-handicapped people's interest in future relationships with these individuals, some of professionals' efforts should be directed into extending the quality and quantity of such contacts. Educational programs for non-disabled students and adults providing them with an opportunity to meet and talk to a handicapped person might help to overcome possible negative cultural stereotypes of mental retardation and to increase public awareness of the potential and/or possessed personal competencies of people with developmental disabilities. Promoting positive interpretation of handicapped people, their typical life-style, and leisure and work activities through the media or literature could also contribute to better understanding of handicapped individuals needs and, hopefully, to recruiting more community helpers.

At the same time, developing and implementing social skills training programs for persons who are mentally handicapped should be stressed. Teaching a handicapped individual social skills, initiating and maintaining social contacts is one of the most important conditions for development of future successful relationships between disabled

and non-disabled individuals. In addition, placing handicapped individuals in the least restrictive living and working environment will facilitate their contacts with non-handicapped people.

The unplanned, spontaneous contact between mentally handicapped individuals and other community residents may play an important role in non-disabled people's interest in future contacts. The improvement of quality of such contacts depends to a considerable degree upon the quality of training and supervision provided by group home staff. Because public concerns about supervision of group home residents are relevant in this regard, it is suggested that efforts to improve public attitudes include attention to personnel management issue.

Professionals interested in facilitating contacts between people with and without develpomental disabilities should be aware of the unique role non-handicapped people play in these relationships. From the perspective of a non-disabled person, these relationships are very often viewed as a unique combination of friendship and service provider role responsibilities. In consequence, it may become necessary to prepare potential non-disabled helpers to balance the dual responsibilities of both special roles.

Finally, developing stronger connections between group homes and community may help to create a positive image of group home residents and to direct community members attention to their lives and needs. It may be achieved by participating in community activities and sharing community goals. Appropriate contact situation may include participation in local churches activities, attending cultural events organized by a community, helping in a neighborhood or local park clean up, etc.

If social services personnel, educators, and families are truly interested in improving the quality of life developmentally disabled persons, opportunities to develop and maintain social relationships must be provided continuously from an early age. So far, limited community participation and social isolation remain the common problem in the lives of too many persons with mental handicaps. Unless effective programs to facilitate the development and maintenance of supportive relationships are designed and implemented, the goal of full inclusion of handicapped persons to the community will remain unrealized.

Implications for future research

Because it is inadvisable to draw conclusions about social attitudes on the basis of only one type of survey, in future research, a variety of measures would be needed in order to minimize erroneous results. The fact that only one instrument to collect data was used in the present study may provide partial explanation for the lack of consistency between this and previously done research, and for the failure to find expected relationships between variables. Future research must utilize a range of measures, especially these which explore respondents' actual and potential contacts with mentally handicapped individuals. In addition, more inquiry is needed to determine the possible rationale for the obtained results. A closer look at respondents' explanation and comments would improve the quality of data. It is recommended that a similar study including more in-depth interviews be conducted.

Conducting a similar study using a 4-point Likert scale to measure community members interest in becoming more involved with people from group homes would be desirable. The indecision expressed by the majority of respondents of this study suggests

that the results might be different if a 4-point scale, with the undecided response option omitted, were used. Therefore, it is recommended that a similar study be conducted using a 4-point scale, where there is a similar population and comparable group homes for mentally handicapped people.

The results of this study are limited to one city and one agency group homes only. Therefore, it would be interesting to compare the results from similar studies conducted in other geographical areas and/or on different population.

In addition, conducting a similar study from the perspective of group homes residents and staff might provide an insight into how their views compare to views of non-disabled community members. Assessing the need for community involvement in the lives of mentally handicapped residents of group homes might be useful for developing appropriate community awareness programs with indication to the types of relationships with neighbors that are most important and desirable. Future research may also be directed to developing and testing the efficacy of community awareness programs.

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Appendix A - Cover Letter

Joanna Tomkowicz
[Address and telephone number]
March 4th, 1997.

[Contact Person]
[Agency Name]
[Address]
[City and Province]

Dear Sir,

My name is Joanna Tomkowicz and I am presently enrolled in my thesis year of the Master's of Educational Psychology at the University of Alberta. I am also an employee in Catholic Social Services, Rehabilitation Service.

The focus of my academic research is community members' willingness to be involved with mentally handicapped residents of group homes located in their neighborhood. I am currently beginning a study in which I hope to discover if and to what extent community members are interested in getting involved with or helping out their handicapped neighbors. I will also investigate and try to explain what factors may be associated with their attitudes.

I believe, that the results of this study may be of interest to people working and interested in the field of developmental disabilities.

This study needs the participation of a number of community residents living in the immediate neighborhood of selected group homes for mentally handicapped people. I would like to ask you for permission to use the location of group homes for mentally handicapped people operated by Catholic Social Services as a basis for selecting my

participants. The community members I am going to interview will be the ones living on the same block as a group home is.

I would also like to assure you that the location of group homes and any information about their residents will remain confidential. The study requires neither providing any of this information to the respondents, nor visiting any of the group homes by a researcher.

Your permission to use the location of agency group homes would be greatly appreciated. The copy of my research proposal and any additional information will be available to you upon your request. The results of the study would be made available to the interested employees of the agency.

Thank you for your help and cooperation.

If you have any questions regarding the study, please feel free to call me at 437-3378.

Sincerely,

Joanna Tomkowicz

Appendix B - Survey Questionnaire

Department of Educational Psychology, University of Alberta, Edmonton

Questionnaire

Researcher: *Joanna Tomkowicz* Number _____ Date _____

Area _____

This questionnaire is designed to collect information on community residents' feelings and thinking about possible involvement with mentally handicapped persons living in group homes in residential areas of the city. Please, answer the questions below by circling one of the provided options that applies to you most. There are no right or wrong answers. I am only interested in how you feel and think about the problem.

Please note that your name is not required and the content of your questionnaire will remain confidential. The information compiled will be analyzed on a group basis, and is to be used for research only. Your participation is strictly voluntary and will remain completely anonymous. The number in the upper right corner of the front page is only to identify the area of the city which the answers come from.

1. Do you know of any group homes for mentally handicapped people in the area where you live?
   No Yes

2. In your neighborhood, have you met and talked to any mentally handicapped people?
   No Yes

3. What contact have you had with mentally handicapped people in general?
   No contact at all Just see them around
   Occasional meetings or chats Close, regular contact

4. Have you ever been involved in any form of volunteer work, not just with mentally handicapped people?
   No Yes, in the past Yes, at present

There are different ways of helping mentally handicapped people; some are listed below. If you had the spare time, please indicate in what kind of involvement with mentally handicapped persons living in your neighborhood you would be interested?

5. Occasional talking to them while seeing them around

   very interested maybe I would do that prefer not

6. Helping out in emergency

   very interested maybe I would do that prefer not

7. Occasional helping out in everyday problems (e.g., house maintenance, grocery shopping, transportation)

   very interested maybe I would do that prefer not

8. Going along to an Open Day or coffee evening

   very interested maybe I would do that prefer not

9. Regular helping out in everyday problems (e.g., house maintenance, grocery shopping, transportation)

   very interested maybe I would do that prefer not

10. Inviting a handicapped person to your home once in a while

    very interested maybe I would do that prefer not

11. Allowing a handicapped person to join you in something you already do (e.g., shopping, sport, hobby, walks)

    very interested maybe I would do that prefer not

12. Going once a week to the group home for a visit

    very interested maybe I would do that prefer not

13. Taking a handicapped person on an outing once in a while (e.g., to the church, cinema, social club)

very interested maybe I would do that prefer not

14. Becoming a friend of a handicapped person

very interested maybe I would do that prefer not

Finally I would like to have some details about yourself:

15. Are you: male or female ?

16. Are you: single or married?

17. Which age group do you fall within?

18- 35 36 - 49 50 - 65 66 and over

18. Are you employed:

full time part time employed at home student retired

19. Are you : renting a house / apartment or living in your own house ?

Are there any comments you would like to make about the topics I have touched in this survey?

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Thank you for your time and cooperation. Have a nice day!